

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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EDITOR

A Plan for Reducing Medical Costs

By JOHN H. GRAVES, M.D., President California Board of Public Health

Under conditions which now exist in our State, our nation, and throughout the civilized world, it is to be expected that serious thought will be given to much that is unfavorable in our social, industrial, and economical life. The fruits of such effort will be manifested in an improvement of methods and conditions.

The health department of a great State like California, endeavoring to maintain its efficiency in controlling epidemics, in guaranteeing to its citizens pure food and water supplies, and making use of all scientific means for the protection of the health of its citizens, has under present conditions many unusual problems to solve.

The expense of all such activities is borne by the public, and never before has it been more necessary to combine painstaking economy with efficient service. This combination of economy and service pertains not only to public departments, but to the personal affairs of every citizen. New and successful methods for obtaining this end will be developed in the stern school of necessity.

Sickness, although inevitable, is generally unexpected; and to the average citizen of moderate means, it is always a heavy liability, and not infrequently a financial catastrophe.

Place emphasis upon the average citizen of moderate means, because the indigent, in our moderate polity, are well cared for in the magnificent tax-supported hospitals that abound throughout the land. In these hospitals, every facility of modern scientific

medicine, no matter how extensive or expensive, is at all times available for the treatment of indigents. Medical and surgical service of the highest quality is rendered by a wholly unpaid or a much underpaid medical profession.

On the other hand, those of our citizens who can still be classified as rich, are amply able to meet the expense of sickness without serious financial inconvenience.

The great majority, however, is composed of people of moderate means; and there has existed for a long time a real need of some system to furnish medical, surgical, and hospital care which will enable them to defray the cost thereof without financial wreckage.

The state-controlled, politically-operated, compulsory or voluntary systems in vogue in Europe, viewed from the American standpoint and standards, fail utterly in giving efficient treatment. They are objectionable from almost every standpoint, and wholly disappointing.

An effort to introduce them into this country met with complete failure, and the idea has been relegated to the limbo of discarded theories, where it properly belongs.

Because of the crying need for some system of delivering adequate medical care and hospitalization at a cost which will not be burdensome, a horde of promoters has sprung up in this country, rather recently. For the purpose of making rich profits for themselves, they have offered to the people, through

the agencies of so-called "Medical Service Companies," "Sickness Insurance Corporations," etc., etc., a service advertised as adequate, efficient, and economical, based on the idea of selling the physician's services to the sick, with a large profit for the broker. Generally, they have failed utterly in meeting the promises made in their extravagant advertisements.

Many of them are fly-by-night concerns, which both deceive and defraud honest people who are making an honest effort under distressing conditions to insure means of discharging their obligations.

Considering the fact that only about 20 per cent of all moneys paid for sickness ever reaches the pockets of the medical profession, the doctors of California can not be too highly commended for the action just taken by the California Medical Association in the development of a plan for reducing medical costs. This is the official organization of the medical profession in this State. It has developed and presented a plan by which people of moderate means may receive the best of medical and surgical treatment and hospitalization, when necessary, on an insurance principle that makes it comparatively easy for every person of moderate means or reasonable employment to command immediately, when necessary, the best that modern medical science can provide.

The plan proposed allows to the individual the free choice of any physician or surgeon who is an associate of his county medical society, and who is willing to treat people of moderate means.

The wide commendation, both in the news and editorial columns of the public press, together with the unqualified endorsement of so many of the leaders of the medical profession, throws a rainbow of promise, both for the people and the doctors, over what has been an unsatisfactory and unhappy situation.

Outspoken opposition from any but piratical promoters, whose profits are jeopardized, is yet to be heard; but in the profession which has for years been so progressive but yet cautiously conservative, there will be found an occasional individual who is in silent opposition for this, that, or the other fancied reason to any constructive activity. To obstruct, to delay, and eventually to defeat, is the purpose of such; and their early removal from the field is a consummation to be desired.

Fortunately, the great preponderance of professional opinion, with farseeing wisdom, has been such that it has been possible for this great medical association to present a practical and popular plan. By furnishing, under all conditions, a prompt and adequate medical service, it puts both the public and the profession in an enviable position. The patient is not

embarrassed by unpaid doctor bills, and the medical profession is no longer handicapped by inadequate returns for necessary service.

From the standpoint of a health official, such a plan means that a prompt, efficient, prepaid service will be opened to all such citizens; that minor physical defects will be discovered early and remedied promptly; that infectious diseases will be seen promptly by competent practitioners; that epidemics will cause fewer deaths; that the work of health departments and health officials will be less arduous and infinitely more satisfactory.

Viewed from the standpoint of the taxpayers, it means that the tremendous expense in the public schools, due to the loss of time from illness, will be greatly reduced; that the burden of care in public institutions for those who have become financially exhausted because of sickness, will disappear.

Few taxpayers yet realize what a tremendous financial burden is placed upon their shoulders for furnishing medical and surgical care and hospitalization to such citizens, to say nothing of the large number of people who are resorting to tax-supported hospitals for treatment, in spite of the fact that their incomes are more than ample to provide adequate care under the proposed plan.

It is asserted by competent accountants that in some of the tax-supported hospitals where all service is free, the cost of providing hospitalization runs as high as five dollars to ten dollars per day per patient. The situation has become so acute that one investigator states it is a question as to who most needs relief—the patient or the taxpayer.

Viewed from the standpoint of the citizen, it means cessation of worry over the problem of sickness or accident that may befall himself, his family, or his dependents. It should be the hope of all that there will be no unnecessary delay in putting the plan into operation.

DR. POWELL HEALTH OFFICER OF CONTRA COSTA COUNTY

Dr. William A. Powell has been appointed Health Officer of Contra Costa County to succeed Dr. I. O. Church, who has become Assistant Medical Director of Alameda County. Dr. Powell is a retired medical officer of the regular army. He spent four years in the Philippines, where he was instrumental in the control of three outbreaks of Asiatic cholera. He served overseas during the World War and has taught hygiene and sanitation at the University of Oregon.

The art of nursing is a gift of God.

PSITTACOSIS MUST BE UNDER CONTROL

To All Health Officers:

I desire to bring to your attention that in isolating birds of the parrot family they are not permitted on display in stores or any place where offered for sale or any place frequented by people who might be brought in contact with these birds. Cases of psittacosis have resulted from the casual contact of customers in pet shops. These birds must be isolated in quarters entirely apart from places frequented by the public.

Whenever a bird owner or dealer desires permission to move birds under isolation to another city or county it is necessary first to obtain permission of the health officer of the locality to which the bird is to be sent. The address of the destination should be stated. Some health officers are refusing to accept these birds into their territory. Kindly extend this courtesy to the other health officers.

The purpose of the present restrictions is to limit the movement of the birds of the parrot family and thereby limit the transfer of psittacosis infection among them. I would suggest that statements be issued explaining that no birds will be destroyed unless permission is given by the owner. There will be no attempt to disturb those people who have had parrots, macaws, etc., in their families for years. The restrictions are more for the protection of the isolated birds—to prevent them from coming in contact with infected birds. Cases of psittacosis have been traced to parrots which have been perfectly well until taken to a pet shop to be boarded where the infection was contracted and later when returned home transmitted to their owners.

The transfer of these birds within a city or rural territory is the responsibility of the local health authority and is subject to your judgment. The object of the federal and the State quarantine orders is to control psittacosis.

Very truly yours,

GILES S. PORTER, M.D.,
Director of Public Health.

DEATH COMES TO DR. J. HAL COPE

Dr. J. Hal Cope, who has served as city health officer of Pleasanton for many years and who was formerly health officer of Alameda County, died October 30. Dr. Cope had served the people of his community as health officer for more than twenty years. He always commanded the respect of his fellow-citizens and fellow health officers. Few officials have served in a public health capacity for a longer period of time.

MANY ACCIDENTAL DEATHS IN THE HOME

Out of a total of 2448 deaths from accidental causes that occurred in California during the first six months of 1932, 1106 were due to motor vehicles and 645 were due to accidents in the home. Out of these 645 deaths, 301 were due to falls and 136 were due to burns, scalds and explosions. Asphyxiation and suffocation took 79 lives, firearms 25, and poisons 59. Almost half of all accidental deaths in the home—307—were in persons 65 years of age and over. Most of these were due to falls. Eighty-two of the deaths due to accidents in the home were in children under 4 years of age and 33 were in children between the ages of 5 and 14 years. Burns, suffocation and poisons were the principal causes of accidental deaths among children under 4 years of age, and burns caused most of the deaths of the 33 children between the ages of 5 and 14 years.

As has been stated so often, the home is a dangerous place. While a great many of the deaths in the home are due to falls in persons who are of advanced years and may be considered as more or less unavoidable, many of them might be prevented if special precautions were taken. Most of the fatal accidents that occur in the home are preventable. To be sure, there is an element of chance involved but it is certain that if the same precautions that obtain now in the industries were applied to the home most of these deaths would be prevented. There is significance in the fact that during the first six months of the year there were 182 deaths attributable to accidents in the industries, as compared with 645 deaths attributable to accidents in the home. Organized safety-first campaigns in the industries are producing definite results. There is a vast field for improvement in the prevention of motor vehicle accidents and accidents in the home.

HEALTH OFFICERS NEWLY APPOINTED

Dr. Earl Lussier has been appointed city health officer of Belmont, to succeed Mr. S. M. St. John.

Dr. L. L. Seligman has been appointed city health officer of Dinuba, to succeed Dr. Edgar R. Brigham.

NOTICE OF TECHNICIANS' EXAMINATION

The next examinations for the certificate of proficiency issued by the State Department of Public Health will be held in Los Angeles on November 16 and in Berkeley on November 18. Application forms must be in the hands of Dr. W. H. Kellogg at the Bureau of Laboratories, University of California, Berkeley, by Saturday, November 12. Application forms and information concerning the examinations may be obtained by applying to the Bureau of Laboratories, Berkeley.

VETERAN EMPLOYEE RESIGNS

Mr. C. F. Huddleston, Chief Inspector of the Pasadena City Health Department, has resigned his position because of ill health. He has served in the Pasadena Health Department for twenty-seven years having begun his work in 1905, when Dr. Stanley P. Black was City Health Officer. In 1906 he collaborated in drafting and securing the enactment of the first milk ordinance in Pasadena, which required that all cows furnishing milk for Pasadena be tuberculin-tested. No other city employe of Pasadena has served as long as Mr. Huddleston. He played an important part in the development and maintenance of high public health standards in Pasadena, and many other cities, not only in California but in other states, have adopted measures in the protection of public health similar to those which were developed by Mr. Huddleston.

STATE FAIR SANITATION

At the request of the State Agricultural Association, the Bureau of Sanitary Inspections supervised the general sanitation of buildings and grounds at the California State Fair, held September 3-10, 1932. This procedure has been followed over a long period of years and through the efforts that have been expended each succeeding year has brought higher standards of sanitation at the California State Fair.

MORBIDITY***Diphtheria.**

59 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 20.

Influenza.

214 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Inyo County 40, Kern County 13, Los Angeles 102.

Measles.

40 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 18.

Scarlet Fever.

115 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 16, Los Angeles 34.

Whooping Cough.

202 cases of whooping cough have been reported.

* From reports received on October 31st and November 1st for week ending October 29th.

Those communities reporting 10 or more cases are as follows: Oakland 16, Los Angeles County 17, Los Angeles 34, Fullerton 15, San Diego 20, San Francisco 31.

Smallpox.

5 cases of smallpox have been reported, as follows: Bakersfield 1, San Jose 4.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: Alameda County 1, Fresno County 1, Los Angeles 1, San Bernardino County 1, San Francisco 1, Tulare County 1, California 1.**

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Burbank 1, Pasadena 1, Gustine 1, San Francisco 1.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Fresno 1, Kern County 2, Daly City 1.

Trichinosis.

One case of trichinosis from San Francisco has been reported.

Food Poisoning.

4 cases of food poisoning from San Francisco have been reported.

Undulant Fever.

One case of undulant fever from San Gabriel has been reported.

Actinomycosis.

One case of actinomycosis from Los Angeles has been reported.

Septic Sore Throat.

2 cases of septic sore throat from Los Angeles have been reported.

Relapsing Fever.

One case of relapsing fever from San Bernardino County has been reported.

** Cases charged to California represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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